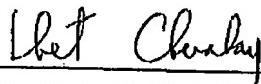


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To:		Commissioner for Patents
Fax. No.	(571) 273-8300	
Application No.	10/627,555	
Filing Date:	July 25, 2003	
Confirmation No.:	3562	
Examiner:	Shailendra Kumar	
Art Unit:	1621	
Attorney Docket No.	P-154-US1	
From:		
Theravance, Inc.		
Agent:	Roberta P. Saxon	
Reg. No. :	43,087	
Customer No.:	27038	
Address:	901 Gateway Boulevard South San Francisco, California 94080	
Telephone No.:	(650) 808-3764	
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**TRANSMITTAL
FORM**

Application Number	10/627,555
Filing Date	July 25, 2003
First Named Inventor	Martin S. LINSELL
Art Unit	1621
Examiner Name	Shailendra Kumar

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Total Number of Pages in This Submission

23/24

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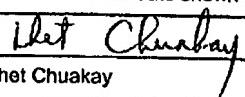
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (+ duplicate copy) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) and a duplicate copy <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (2 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer over 10/854405 & Terminal Disclaimer over 11/654,117 <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile cover page (1 page) Form PTO/SB/08a (1 page)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	THERAVANCE, INC.		
Signature			
Printed Name	Roberta P. Saxon		
Date	June 29, 2007	Reg. No.	43,087

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THERAVANCE PATENT

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2006** Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 440.00)

Complete If Known	
Application Number	10/627,555
Filing Date	July 26, 2003
First Named Inventor	Martin S. LINSELL
Examiner Name	Shailendra Kumar
Art Unit	1621
Attorney Docket No.	P-154-US1

METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify) : Deposit Account Deposit Account Number: 50-0344 Deposit Account Name: Theravance, Inc.

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 Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fees Paid (\$)
	Fee (\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)** **Fee (\$)**

50

25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

Total Claims**Extra Claims****Fee(\$)****Fee Paid (\$)****Multiple Dependent Claims**

Fee (\$)

Fee Paid (\$)

-20 or HP=

X

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims****Fee(\$)****Fee Paid (\$)**

- 3 or HP=

X

=

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : Fee Code 1806: IDS submission; Fee Code 1814: Terminal Disclaimer

Fees Paid (\$)

\$440.00

SUBMITTED BY

Signature	<i>Roberta P. Saxon</i>	Registration No. (Attorney/Agent)	43,087	Telephone	(650) 808-6000
Name (Print/Type)	Roberta P. Saxon, Ph. D.			Date	June 29, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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By: Lhet Chualcay Date: June 29, 2007
 Lhet Chualcay

PATENT
 Attorney Docket No. P-154-US1
 Customer Number 27038

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
LINSELL et al.)	Confirmation No.: 3562
Application No.: 10/627,555)	
Filed: July 25, 2003)	Group Art Unit: 1621
For: CRYSTALLINE β_2 ADRENERGIC)	
RECEPTOR AGONIST)	Examiner: Shailendra Kumar

RESPONSE UNDER 37 C.F.R. §1.111

Mail Stop Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

Sir:

This reply is being filed in response to the Office Action mailed on January 5, 2007 for the above-identified patent application. The Office Action set a three-month period for response and therefore, this reply is due on or before April 5, 2007. A petition for an Extension of Time of three months accompanies this reply.

A complete listing of the claims starts on page 2.

Remarks start on page 7.

Reconsideration of the application in view of the following remarks is respectfully requested.

Attorney Docket No. P-154-US1
 Application Serial No. 10/627,555

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